

# **Exhibit I**

**CITY OF NEW YORK - DEPARTMENT OF CORRECTION****OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES  
INMATE STATEMENT FORM**Form: 7101R  
Eff.: 2/25/20  
Ref.: Dir. 3376R-

The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

- A grievance is a written or electronic (311) submission by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement. Before you seek relief from an external entity, like the courts or another agency, you should file a grievance with this office.
- You have the right to file a grievance. If you believe Department staff is retaliating against you because of a grievance you submitted, you can file a staff complaint through the grievance process. There must be some connection between the previous grievance you filed and the staff complaint to claim retaliation. Retaliation is any action or threat of action against an incarcerated individual who participates in the grievance process. Retaliation by Departmental staff against anyone for participating in the grievance process is strictly prohibited. Behaviors that may be considered retaliatory include, but are not limited to: threats, reprimands, harassment, or denial of certain privileges.
- Inmates are only allowed to file one complaint for each grievance either written on this form or calling 311.
- Inmates shall not file repetitive grievances on this form or call 311, where the time frame to investigate said grievance has not expired. This will be considered misuse. All grievances have a seven day investigation timeframe.

***All grievance forms must be signed. Failure to sign form will be deemed invalid.***

**THE SUBMISSION AND APPEALS PROCESSES****1.SUBMISSION**

Submit this form (Statement form) to the OCGS office, OCGS staff, or drop it in a grievance box. Your grievance form will be returned to you if the complaint is outside of OCGS jurisdiction such as complaints in regards to disciplinary process; if the grievance contains multiple issues; or if the grievance form is not signed. Please speak with the grievance staff in your facility for additional information.

**2.FORMAL RESOLUTION**

You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.

**3.COMMANDING OFFICER'S REVIEW**

The OCGS staff will forward your appeal to the commanding officer within one business day of receiving it. Within five (5) business days of receiving the appeal, the commanding officer will render a written disposition, you will have two (2) business days to appeal to the Division Chief.

**4.APPEAL TO THE DIVISION CHIEF**

The OCGS staff will forward your appeal to the Division Chief within one business day of receiving it. Within five (5) business days of receiving the appeal, the Division Chief will render a written disposition.

**5.CENTRAL OFFICE REVIEW COMMITTEE**

If you disagree with the Division Chief's disposition, you will have two (2) business days to appeal to the Central Office Review Committee (CORG). The CORC will render a disposition within fifteen business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

**GRIEVANCE CATERGORIES**

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|---------------------------------|---------------------------|
| 1. CLASSIFICATION/SRG STATUS    | 13. MENTAL HEALTH         |
| 2. CLOTHING                     | 14. PERSONAL HYGIENE      |
| 3. COMMISSARY                   | 15. PHONE                 |
| 4. CORRESPONDENCE / MAIL        | 16. PROGRAMS              |
| 5. EMPLOYMENT                   | 17. PROPERTY              |
| 6. ENVIRONMENTAL                | 18. RECREATION            |
| 7. FOOD                         | 19. RELIGION              |
| 8. INMATE ACCOUNT               | 20. RULES AND REGULATIONS |
| 9. JAIL TIME                    | 21. SCHOOL                |
| 10. LAUNDRY                     | 22. SEARCH                |
| 11. LAW LIBRARY                 | 23. SOCIAL SERVICES       |
| 12. MEDICAL/ACCESS TO SICK CALL | 24. TRANSPORTATION        |
|                                 | 25. VISIT                 |
|                                 | 26. OTHER                 |

**CATERGORIES NOT SUBECT TO THE GRIEVANCE PROCESS**

1. ASSAULT ALLEGATION
2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA)
3. HARASSMENT ALLEGATION
4. STAFF COMPLAINT
5. INMATE ALTERCATION
6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA)
7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION
8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMC)
9. MEDICAL STAFF / MENTAL HEALTH STAFF
10. REQUEST FOR PROTECTIVE CUSTODY
11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY
12. FREEDOM OF INFORMATION LAW REQUEST
13. HOUSING
14. INMATE GRIEVANCE
15. OTHER



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM

Form.: 7101R  
Eff.: 2/25/20  
Ref.: Dir. 3376R-A

Inmate's Name:	Book & Case #:	NYSID #:
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Facility:	Housing Area:	Date of Incident:	Date Submitted:
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All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

### Grievance:


Action Requested by Inmate:

### Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Inmate's Signature:	Date of Signature:
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FOR DOC OFFICE USE ONLY	
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.	
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR	

TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	